

WEB-BASED MATERNAL AND INFANT DEATH SURVEILLANCE SYSTEM IN HARYANA, INDIA.

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INSTITUTIONAL AFFILIATION

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BACKGROUND

- Up to date information on maternal and infant deaths for programmatic action and immediate intervention becomes a challenging task specially in an Indian scenario. Information generated by Sample Registration System, Civil Registration System, National Family Health Survey is usually of the previous years and by Health management information system (HMIS) is in the form of abstract numbers.
- It was paramount to have a robust recording system to monitor changes in maternal and child mortality. Maternal and Infant Death Reporting System (MIDRS) was thus launched in Haryana in October 2012 as a centralised online reporting system which has name based reporting of Maternal deaths, Infant deaths and still births.
- Goal was to estimate maternal, infant, under five, neonatal, early neonatal mortality, stillbirth rate; and assist in evidence based programmatic decision making.

OBJECTIVES

To establish operational mechanisms/modalities for reporting of Maternal & Infant deaths and Still births

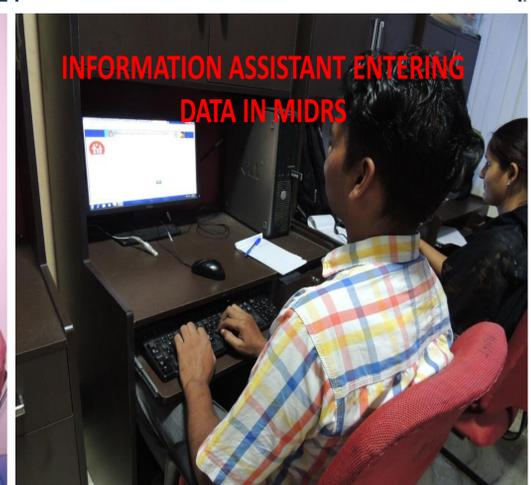
To ensure that the reporting of Maternal and Infant deaths from different departments is centralized through a single online software available to all the concerned departments.

To disseminate information on data collection tools, data/information flow mechanisms, data analysis plan.

To develop systems for evaluation, review and remedial follow up actions.

ONLINE MODULE/ SKILL BUILDING

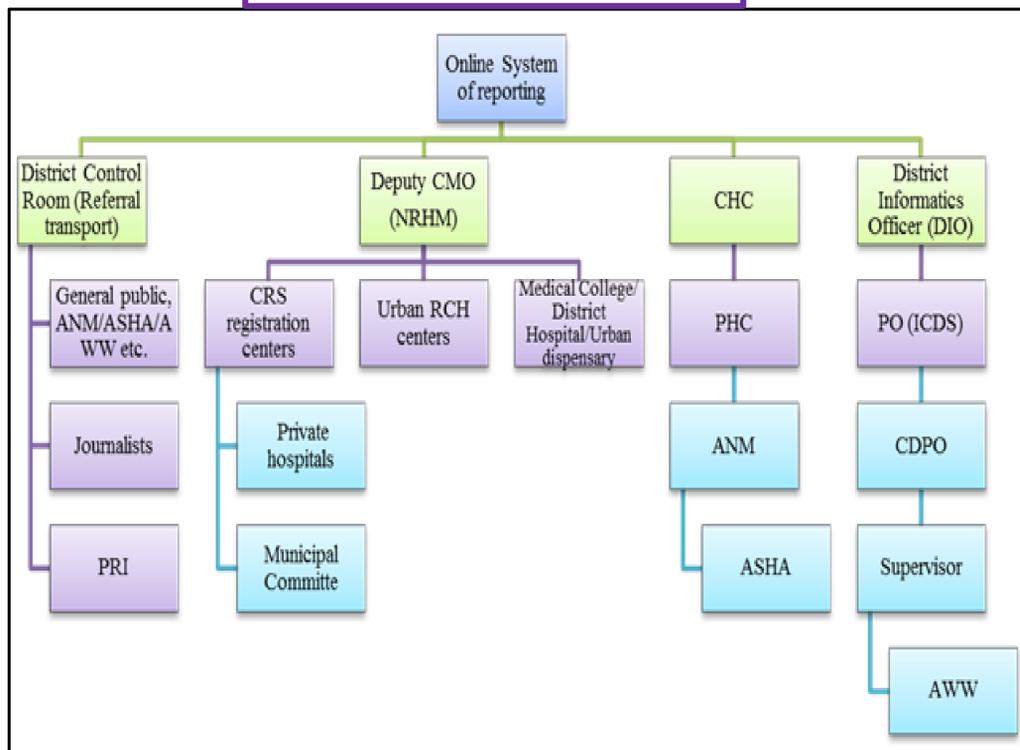
The screenshot displays the 'MIDRS ONLINE APPLICATION' interface. It features a navigation menu with options like 'Home', 'User Login', 'Abstract Reports', 'Reporting Status', 'Merge Module', '30Days Reports', 'MIDRS Reports', and 'Sign Out'. The main content area shows a 'MIDRS ENTRY FORMAT' form with various dropdown menus and text input fields for recording maternal and infant deaths. The form includes sections for 'Deceased Details', 'Age in Months/Days/Hours', 'State', 'District', 'Village', 'Date of Birth', 'Date of Death', 'Place of Death', 'Place of Delivery', and 'Cause'. A 'Save' button is visible at the bottom of the form.



METHODOLOGY

- An online system of reporting was built in house for various departments.
- Existing system of reporting by ANMs and ASHAs at community level and by reporting from DHs, SDHs and Medical Colleges was strengthened.
- The online data entry is done at PHCs/CHCs (rural) and at Civil Surgeon office(Urban).
- The WCD, CRS and other community members are also involved through reporting on toll free no. 102 and by direct entry in the portal.

ONLINE REPORTING SYSTEM

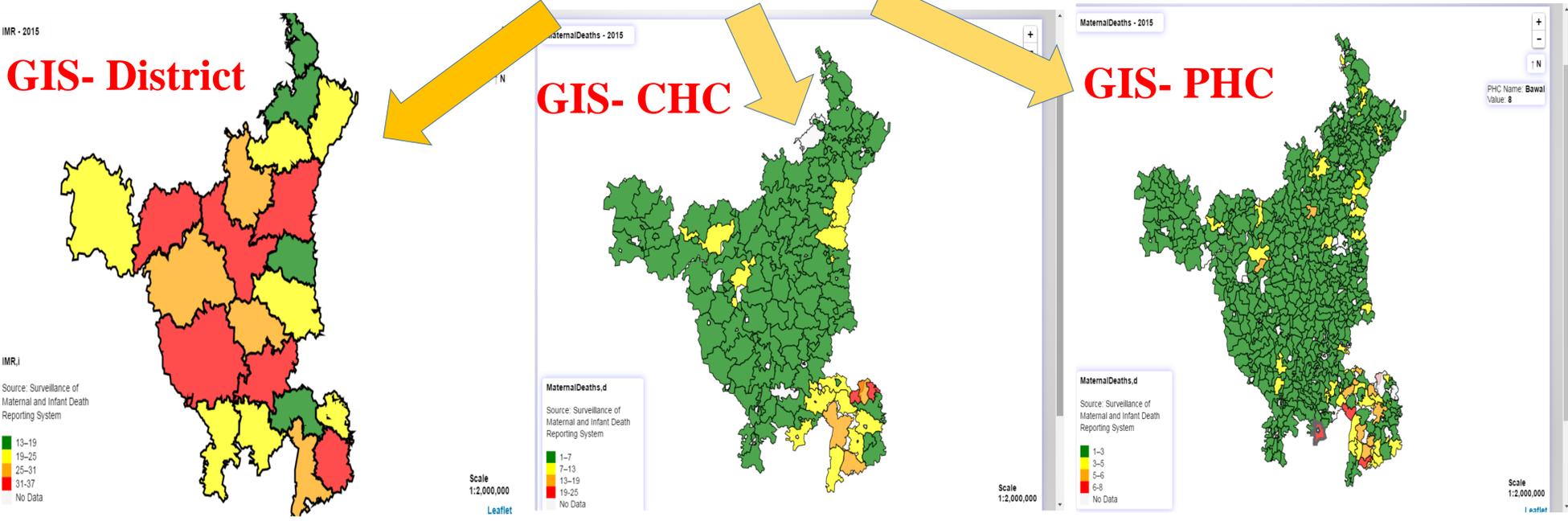
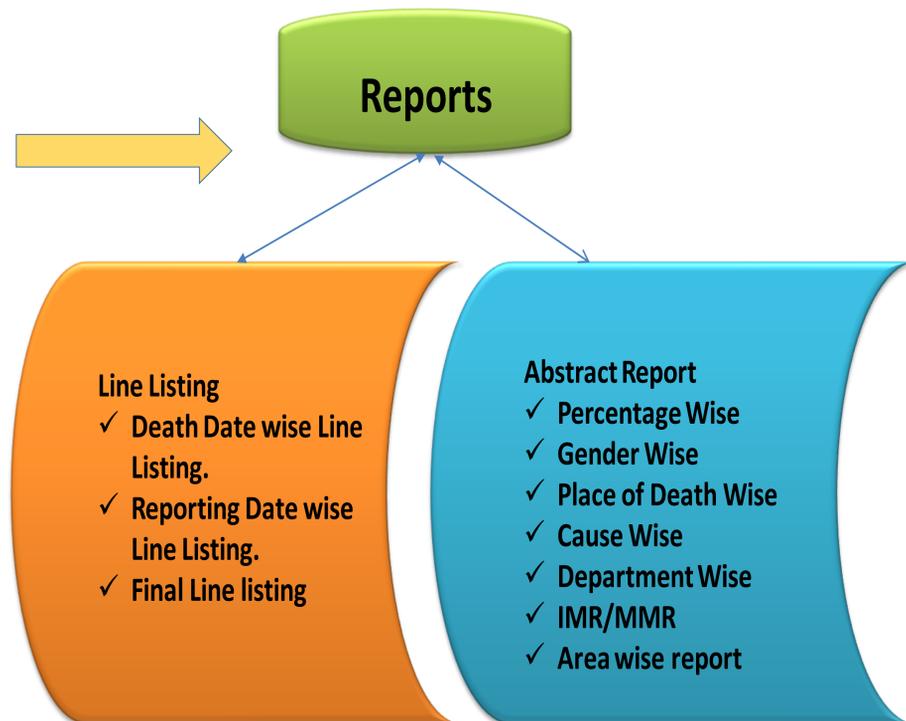


PERFORMAS FOR REPORTING

REPORTS GENERATED

There are Complete Line listing of Maternal Deaths, Infant Deaths and Still Births, Area wise reports of Deaths, Infant Mortality Rate, Maternal Mortality Ratio, Still Birth Rate, Neonatal Mortality Rate, Early Neonatal Mortality Rate upto District level(Available monthly also). Gender wise, Caste wise Death Data.

GIS Reports are available – District Wise, Block Wise, Primary Health Centre Wise.



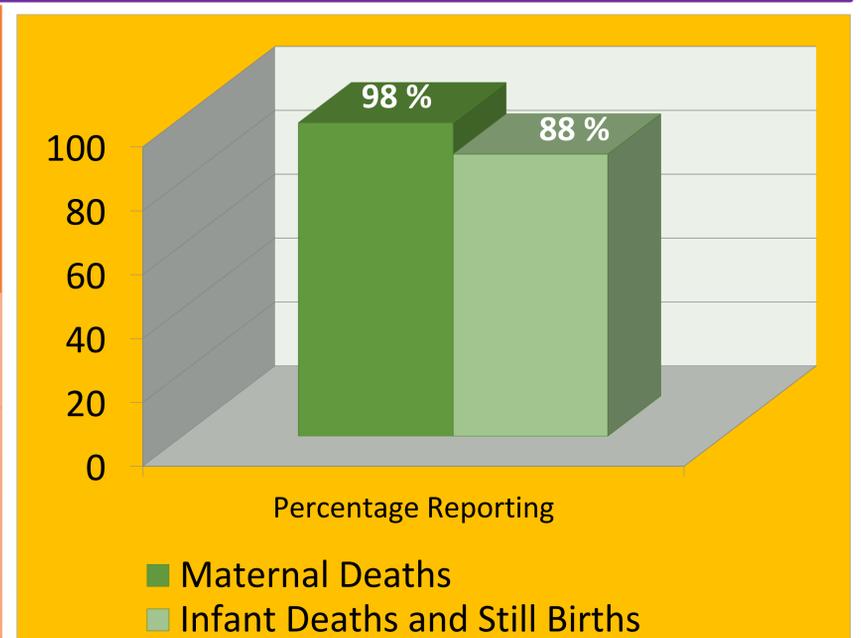
RESULTS

A total of 3679 maternal deaths, 92394 infant deaths and 52351 Still Births have been reported in the web application till 31 October 2017.

Mortality numbers	2012-13	2013-14	2014-15	2015-16	2016-17	April-October 2017-18
Infant Deaths	17833	21429	18636	15228	12412	6856
Maternal Deaths	835	732	723	527	499	363
Still births	5504	10603	12688	10779	8439	4338

REPORTED VS ESTIMATED DEATHS- APRIL- OCTOBER 2018

Type of Death	Reported- April to October 2018	Estimated -April to October 2018	%Reporting -April to October 2018
Maternal Deaths	363	370	98
Infant Deaths and Still Births	11317	12819	88



RECOGNITION AND ACHIEVEMENT

- SKOCH Awards 2018- Selected for Order Of Merit award.
- Published in WHO Bulletin, May 2016,
- Poster in National Summit on Health Innovations(GOI) in Shimla , 2015.

CONCLUSION

- The Maternal and Infant Death Reporting System provides accurate , up to date information both in the form of abstract numbers and complete line lists. This leads to immediate programmatic action and thereafter monitoring changes in mortality.
- The surveillance system ultimately assists the state to assess the various efforts done to improve maternal and child survival.
- With the sustainability of this online system from last 5 years , it serves as an example for other states to adopt the same.